MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (169)

CERTIFICATE OF DEATH

08678

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Howard

City or town: Grays
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Ba ltimore & Ohio Rail Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 Hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Halethorpe Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 58 Carville Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William Henry Bowers

3. (b) Social Security Number: 705-07-7874

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Ma le	White	Married

6 (b) Name of husband or wife: Georgia Flemister Bowers

6(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): Nov. 14, 1882

8. AGE: Years	Months	Days	If less than one day
57	9	3	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Brakeman

11. Industry or business: Baltimore & Ohio R. R.

FATHER — 12. Name: George W. Bowers

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Ary Tillman

MOTHER — 15. Birthplace: Maryland

16. Informant: Mrs. W. H. Bowers

Address: 58 Carville Ave. Halethoppe, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 20, 1940 (month) (day) (year)

Cemetery or crematory: Winchester, Virginia

Location: Mt. Hebron Cemetery

18. Funeral director: Easton Sons

Address: Ellicott City Md.

19. Aug. 20, 1940 (Date rec'd by registrar) John B. Leughman. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 17, 1940, at 5.25 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 17 1940, to Aug 17 1940, and that I last saw alive on 19

Immediate cause of death	DURATION
Body cut in two at level of umbilicus	
Due to Railroad accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 8-17-40

Where did injury occur? Ellicott City (City or town) Howard (County) Md (State)

Injured at home, farm, industry, public place (where?): B & O R.R.

Means of injury: Ran over by train Injured at work? yes

23. SIGNATURE: Alpha N. Herbert M.D. (M. D. or other)

Address: Ellicott City Md. Date signed: 8-19-40

RECEIVED
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STATE OF MARYLAND—CERTIFICATE OF DEATH

93d

1. PLACE OF DEATH

County HOWARD Registration Dist. No. 192

Village or City MARRIOTTSVILLE No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME ANNIE ~~MARISH~~ BROWN If U. S. Veteran, specify WAR

(a) Residence: No. MARRIOTTSVILLE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: JOSEPH BROWN

6. DATE OF BIRTH (month, day, and year): AUG ? 1864

7. AGE: Years 74 | Months ? | Days ? | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): MD CAVERT CO.

FATHER

13. NAME: Samuel Doisey

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lizzie Perry

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Maggie Brown Marriottsville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place: West Liberty Date: 8/28, 1940

19. UNDERTAKER (Address): F C Kingsbury Ellicott City Md

20. FILED: Aug 28/40 Edw F Carey Sub Reg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1940, to Aug 23, 1940

I last saw her alive on Aug 23, 1940; death is said to have occurred on the date stated above, at 8 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
SENILITY	
Chronic myocarditis	
Duration: not stated	
C.W.G.R.	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Jacob R. Jensen, M.D.

(Signed) Sykesville, Md. M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

170-C

08679

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Elkridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington Blvd
Stay in hospital or Insf. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Elkridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Hanover Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: John Edward Cager

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

B (b) Name of husband or wife: Hannah Cager
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November ? 1890

8. AGE: Years	Months	Days	If less than one day
49	9	?	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Farm Hand

14. Industry or business

FATHER 12. Name: Unknown
13. Birthplace: Unknown

MOTHER 14. Maiden name: Evelyn Cager
15. Birthplace: Maryland

18. Informant: Mrs. Ella May Sharbs
Address: Elkridge

17. Burial, cremation, or removal. Which?: Buria l
Date thereof: Aug. 21, 1940 (month) (day) (year)
Cemetery or crematory: Laffeys Cemetery
Location: Elkridge, Md

18. Funeral director: Mrs. Katie R. Williams
Address: 322 N. Shroeder St., Baltimore, Md.

19. (Date rec'd by registrar): Aug. 20 1940
(Miss) E. Reid Williams
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 18 1940, at 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-18 1940, to 8-18 1940, and that I last saw him alive on no date 19

Immediate cause of death: Compound fracture of Skull- Left frontal region — DURATION: instant

Due to:

Due to:

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 8-18-40
Where did injury occur?: Elkridge (City or town) Howard (County) Md. (State)
Injured at home, farm, industry, public place (where?): state road
Means of injury: auto accident Injured at work? no

23. SIGNATURE: George E. Burgtorf M.D.
Deputy Medical Examiner Howard M.D., or other
Address: Ellicott City, Md. Date signed: 8-18-40

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SEP 4 1909
BUREAU V. S.

08680

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (740)

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

County: Howard

City or town: Rural near Highland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Howard

City or town: Rural near Highland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Highland - Clarksville Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Nicholas Griffith Cunningham

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): September 1, 1882

8. AGE:

Years	Months	Days	If less than one day
57	11	8	____ hrs. ____ min.

9. Birthplace: Manson, Clinton Co., Indiana
(Town, county, and state)

10. Usual occupation: Stock Examiner

11. Industry or business: U.S. Dept. of Agriculture

FATHER
12. Name: Edward Cunningham
13. Birthplace: Clinton Co., Indiana

MOTHER
14. Maiden name: Nancy Anderson
15. Birthplace: Manson, Indiana

16. Informant: Daisy Lloyd Cunningham (sister)
Address: Highland, Howard Co., Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof: 8/12/40 (month) (day) (year)

~~Cemetery or~~ crematory: Fort Lincoln

Location: Washington, D.C.

18. Funeral director: Kaiser Bros.
Address: Laurel, Md.

19. 8/9 1940 (Date rec'd by registrar) S. A. Nichols, M.D. Registrar Cew.

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 9 1940, at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 9 1940, to Aug. 9 1940, and that I last saw him alive on Aug. 9 1940.

Immediate cause of death: Acute myocardial failure — DURATION: 1 hour

Due to: Coronary artery occlusion

Due to: Coronary artery disease (angina pectoris — 3 yrs.

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles S. Whitaker, M.D.
M. D. or other
Address: Clarksville, Md. Date signed: 8/9/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 23 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08681

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (940)

County HOWARD Registration Dist. No. 192

Village or City WEST FRIENDSHIP No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MARY BROSENE GRIMES If U. S. Veteran, specify WAR

(a) Residence: No. WEST FRIENDSHIP St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
FEMALE	WHITE	WIDOWED

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of JOHN HAMMOND GRIMES

6. DATE OF BIRTH (month, day, end year) OCT 26, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWIFE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. OWN HOME

10. Date deceased last worked at this occupation (month and year) 1938

11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) DAYTON

(State or country) HOWARD COUNTY

FATHER

13. NAME JOSEPH HIPSLEY

14. BIRTHPLACE (city or town)

(State or country) HOWARD CO MD.

MOTHER

15. MAIDEN NAME MARTHA LISBETH MUSGROVE

16. BIRTHPLACE (city or town)

(State or country) HOWARD COUNTY, MD

17. INFORMANT MISS MATTIE GRIMES

(Address) W. FRIENDSHIP, MD.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. View Cem. Date Aug. 29, 1940

19. UNDERTAKER C. Happy Weed

(Address) Sykesville, Md.

20. FILED Aug 27, 1940 Alice N. Hobbs, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1939, to Aug 26, 1940

I last saw her alive on August 26, 1940; death is said to have occurred on the date stated above, at 2:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arteriosclerosis	1932
Coronary thrombosis	1938
Coronary thrombosis	Aug 26, 1940

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jacob R. Jensen M. D.

(Address) Sykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED SEP 4 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

08682

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Columbia Pike
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Howard
City or town: Ellicott City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Columbia Pike
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas James Hunter

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Zora E. Hunter (nee Pardoe)
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 3, 1865

8. AGE: Years	Months	Days	If less than one day
75	7	3	hrs. min.

9. Birthplace: Queen Ann Co. Md.
(Town, county, and state)
10. Usual occupation: Secty. Supervisor's of City
11. Industry or business: Charities of Baltimore City

FATHER
12. Name: Thomas Jefferson Hunter
13. Birthplace: Queen Ann Co. Md.

MOTHER
14. Maiden name: —
15. Birthplace: —

16. Informant: MRS Ruth Hunter Parker
Address: Ellicott City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 8th, 1940 (month) (day) (year)
Cemetery or crematory: Friends Burial Ground
Location: Baltimore Md.

18. Funeral director: Easton Stone
Address: Ellicott City Md.

19. Aug. 8, 1940 (Date rec'd by registrar) John B. Loughran Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 6th, 1940, at 11:45 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-6 1940, to 8-6 1940, and that I last saw him alive on no date 19

Immediate cause of death	DURATION
Coronary Thrombosis	15 min.
Due to	
Due to	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: George E. Burgdorf M.D.
Deputy Medical Examiner for Howard Co.
M.D. or other
Address: Ellicott City, Md. Date signed 8-6-40

RECEIVED
AUG 16 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

08993

Reg. Diat. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Woodstock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Woodstock

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME David S Jenkins

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife: A. D Jenkins

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): 1 - 7 - 1891

8. AGE:

Years	Months	Days	If less than one day
49	1	7	hrs. min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER 12. Name: Lorenzo Jenkins

13. Birthplace: Va

MOTHER 14. Maiden name: Edna Smith

15. Birthplace: Va.

16. Informant: Geo. S. Jenkins

Address: Woodstock Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-29-40 (month) (day) (year)

Cemetery or crematory: Presbyterian Cem.

Location: Gregantee Md

18. Funeral director: H C Hug undertaker

Address: Ellicott City Md.

19. Aug 29/40 (Date rec'd by registrar) Edith F Landy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 27 19 40 at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 26 19 40 to Aug 27 19 40

and that I last saw h[illegible] alive on Aug 27 19 40

Immediate cause of death	DURATION
Cerebral Hemorrhage	24 hrs
Due to: Uremia Acknowledged	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: H A Bamm M.D.

M. D. or other

Address: Ellicott City Md Date signed 8-28-40

RECEIVED
NOV 5 1940
BUREAU P. S.

Date July 5 on BC

08683

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

County Howard

City or town Highland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Howard

City or town Highland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Leo Kosh Jr.

3. (b) Social Security Number None

4. Sex M

5. Color or race C

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1940

8. AGE: Years | Months 1 | Days 11 | If less than one day hrs. min.

9. Birthplace Highland Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER
12. Name Leo Kosh
13. Birthplace Maryland

MOTHER
14. Maiden name Emma Howard
15. Birthplace Maryland

16. Informant Leo Kosh
Address Highland Md.

17. Burial Date thereof 8-19-40
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hopkins Chapel

Location Highland, Md.

18. Funeral director F. C. Higginbotham Jr.
Address Elliott City Md

19. 8-20 1940 S. A. Nichols
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-18 1940 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-18 1940, to 8-18 1940, and that I last saw him alive on no date 19

Immediate cause of death Prematurity

Due to Syphilis

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

DURATION
6 weeks
6 weeks

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Burgtorf MD
M. D. or other
Deputy Medical Examiner Howard Co
Address Elliott City, Md. Date signed 8-18-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P&M

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-7)

08684

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County ~~Gamble Hill~~ Howard

City or town Elkridge Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Elkridge Md

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County ~~Baltimore~~ Howard

City or town Elkridge Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. Gamble Hill

(If rural, give LOCATION)

2.(a) If veteran, name war World War

3. (a) FULL NAME Charles Henry Grattan Lowndes

3. (b) Social Security Number 215-09-4043

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Male	White	Single

8.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 26th 1882

8. AGE:

Years	Months	Days	If less than one day
57	3		..... hrs. ..... min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Oil Salesman

11. Industry or business Oil

FATHER
12. Name C. D. Lowndes
13. Birthplace Virginia

MOTHER
14. Maiden name Nannie Gamble Lowndes
15. Birthplace Fla.

16. Informant Miss Lowndes

Address Gamble Hill Elkridge Md

17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof Aug 29 1940 (month) (day) (year)

Cemetery or crematory Greenmount Cem

Location Baltimore Md

18. Funeral director H N Jenkins & Sons

Address Orchard & McCulloh St

19. Aug 29 1940 (Date rec'd by registrar) (Miss) E. Bird Wilkins Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28th 1940 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1939 to Aug 28 1940 and that I last saw him alive on Aug 28 1940

Immediate cause of death Asthenia Carcinoma

Due to Carcinoma Mediastinum Pulmonary Abdominal

Due to Carcinoma

Other conditions No

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. B. Gamble Jr. M. D. or other

Address 3908 N Charles St Date signed Aug 28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

08685

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: HOWARD COUNTY
City or town: SAVAGE MARYLAND
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: SAVAGE MARYLAND
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: HOWARD COUNTY
City or town: SAVAGE Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: SAVAGE MARYLAND
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NO.

3. (a) FULL NAME: PETER STANN

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	WIDOWED

6 (b) Name of ~~husband or~~ wife: BARBARA STANN.

6(c) If alive, give age: DECEASED years

7. Birth date of deceased (mo., day, yr.): MAR. 20 1872

8. AGE:

Years	Months	Days	If less than one day
68	5	5	9 hrs. ___ min.

9. Birthplace: LITHUANIA
(Town, county, and state)

10. Usual occupation: FARMER.

11. Industry or business: FARMING.

FATHER
12. Name:
13. Birthplace: Unknown

MOTHER
14. Maiden name:
15. Birthplace: Unknown.

16. Informant: Joseph Stann
Address: 3907 Croustin Ave.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: Aug 28 1940. (month) (day) (year)

Cemetery or crematory: Holy Redeemer Cemetery
Location: Belair Road.

16. Funeral director: C. William Kuchanskas
Address: 703 McHenry St.

19. 8/26 1940 (Date rec'd by registrar) A.W. Hedrich Asst. State Registrar
By L.L.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8- 25 1940, at 8 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-25 1940, to 8-25 1940, and that I last saw him alive on no date 19.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	15 min.
Due to: Hypertensive Cardio-Vascular Disease	1 year
Due to:	
Other conditions: none	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: George E. Burgtorf MD
Deputy Medical Examiner Howard Co.
M. D. or Other
Address: Ellicott City, Md. Date signed: 8-25-40

BUREAU OF
RECEIVED
[illegible] 28 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

08686

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH:

County Howard

City or town Savage

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Howard

City or town Savage Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Penelope Thaskey

3. (b) Social Security Number

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 19th 1866

8. AGE: Years 74 Months 5 Days 17 If less than one day ..... hrs. ..... min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Leonard Thaskey

13. Birthplace Md.

MOTHER 14. Maiden name Lucinda Blessing

15. Birthplace Md.

16. Informant Mrs. J Specht

Address Savage Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug-9-40 (month) (day) (year)

Cemetery or crematory Savage Md

Location Savage Md

18. Funeral director Lloyd Kaiser

Address Laurel Md

19. 8/8/40. 19 Frank Shipley Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7th 1940, at 6 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1940, to Aug. 7th 1940 and that I last saw her alive on Aug. 6th 1940.

Immediate cause of death Arterio-sclerosis - Cardio-Renal Disease

DURATION ? Years ? Years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ✓

Date of op.

Autopsy results None.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: ✓

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Shipley M. D. or other

Address Savage, Md. Date signed 8/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 5 1940
BUREAU V. S.

~~BALTIMORE CITY~~ HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48-2

Registered No. 190

08687

1. PLACE OF DEATH:

(a) ~~Baltimore City,~~ Maryland Howard Co.

(b) ~~Street~~ address Howard Co.

(c) ~~Hospital or institution:~~ City or Town Elkridge

(d) Length of stay in hospital or inst. (yrs., mos., or days) Montgomery Road

(e) Length of stay in ~~Baltimore~~ Howard Co. (yrs., mos., or days) 2 Mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Howard

(c) City or town Elkridge (If outside city or town limits, write RURAL and give town)

(d) Street No. Montgomery Road (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Amalie Werner

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8410

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov 4 - 1876

8. **AGE:** Years 63 | Months 9 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Seamstress

11. Industry or business Neck Wear

FATHER

12. Name John Werner

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Lenn

15. Birthplace Germany

16 (a) Informant Werner Kern

(b) Address Montgomery Rd. ~~Howard~~ Elkridge Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30-40 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Rd.

18 (a) Funeral director Frank V. Pipitone

(b) Address 2818 E. Balto st

19 (a) Aug 28 1940 (Miss) E. Bird Williams Local Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Aug 27 1940, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1937 1937 to Aug 27 1940, and that I last saw her alive on August 24 1940.

Immediate cause of death Carcinoma of Cervix with general metastases

Due to .....

Due to .....

Other Conditions Emaciation

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcinoma of Cervix

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. **Signature** Hiram Fried M. D.

Address 316 Med. arts Bldg Date signed Aug 24/40

VS 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 29 1940
BUREAU V. S.